



Tennessee's Individual Education Program (IEP)

From ____/____/____ to ____/____/____
____ Initial ____ Annual ____ Interim ____ Addendum

Student: _____ Birthdate: _____ Grade: _____
Last First Middle Mo/Day/Yr

Student Social Security/ID#: _____ Sex: ____ M ____ F Ethnic Group: I B A H W _____
(Specify)

Relationship to Student: (Circle One) Parent Guardian Surrogate

Name: _____ Home Phone: _____
Last First Middle

Address: _____ Work Phone: _____

Student's Residence (if different): _____ Home Phone: _____

Attending School: _____ Home/School (if different): _____

Current Descriptive Information:

Describe the child's strengths: _____

Describe the concerns of the parents regarding their child's education: _____

Describe how the child's disability affects involvement and progress in the general curriculum: _____

Student's Name: _____

Write "Yes" or "No" under "Exceptional" column for each area assessed. Remember "Exceptional" areas require a completed Goal Sheet.

Area Assessed	Present Levels of Performance Levels of functioning, should, when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information on the student's deficit areas.	Sources of Information	Date	Exceptional Yes/No
Prevocational /Vocational				

Consideration of Special Factors for IEP Development:

- ◆ Does the child have limited English proficiency? ___ Yes ___ No. If yes, what is his/her primary mode of language? _____
- ◆ Is the child blind or visually impaired? ___ Yes ___ No. If yes, does the child need instruction in Braille? _____
- ◆ Does the child have communication needs? ___ Yes ___ No. If yes, what are they?

 - ◆ Is the child deaf or hard of hearing? ___ Yes ___ No. If yes, did the IEP Team consider:
 - ◆ the child's language and communication needs; ___ Yes ___ No
 - ◆ opportunities for direct communications with peers and professional personnel in the child's language and communication mode; ___ Yes ___ No
 - ◆ necessary opportunities for direct instruction in the child's language and communication mode? ___ Yes ___ No
- ◆ Is assistive technology necessary in order to implement the child's IEP? ___ Yes ___ No. If yes, what is needed? _____
- ◆ Does the child's behavior impede his/her learning or that of others? ___ Yes ___ No. If yes, the IEP Team has addressed the child's behavior in the following way(s):
___ Functional Behavior Assessment, ___ Behavior Intervention Plan, ___ Accommodations, ___ Goals and Objectives, ___ Other.

- ◆ Where in the IEP is this information located?
-

Student's Name: _____

Has a comprehensive vocational evaluation been administered? ____ Yes ____ No

Transition Services Planning (Beginning at age **14**, or younger)

Desired Post School Outcomes

Employment: _____ Post-Secondary
Education/Training: _____
Independent/Supported Living: _____ Community
Involvement: _____

Transition Service Needs

Grade: 9 Course of

Study: _____

Grade: 10 Course of

Study: _____

Grade: 11 Course of

Study: _____

Grade: 12 Course of

Study: _____

Transition Services (Beginning at age **16**, or younger)

Service Area	Need Yes/No	Activities/Strategies (All activities/strategies that are the responsibility of special education and are to be implemented this year must be reflected in goal sheets.)	Agency/Responsibilities
Instruction:			
Related Services:			
Community Experiences:			
Employment & Post-school Adult Living Objectives:			
Daily Living Objectives: (if appropriate)			
Functional Vocational Evaluation: (if appropriate)			

Documentation of other agency participation in planning and the person responsible for contacting agency(s) if a representative did not attend: _____

If the student was not in attendance, how were the student's preferences and interests considered? (Check all that apply.)
____ Student interview ____ Student survey ____ Student portfolio ____ Vocational Assessments ____ Interest Inventory ____ Other: _____

Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities

Student’s Name: _____ Goal _____ of _____

Area of Need: _____ Personnel/Position Responsible: _____

Annual Goal: _____

Benchmarks/Short-Term Instructional Objectives	Anticipate d Beginning Date	Criteri a for Master y	Methods Of Evalu- ation	Actual Date(s) & Result s of Evalu- ation	Report of Progress					
					1st	2nd	3rd	4th	5th	6th
1.										
2.										
3.										
4.										

Supplementary Aids/Services and Support for th _____	Report of Progress 1. No progress made* 2. Very little progress being made towards goal* 3. Some progress being made towards goal* 	*If 1 or 2, due to: (a) Lack of prerequisite skills, (b) more time needed, (c) inadequate assessment, (d) excessive absences/ tardies, or (e) other _____
Program Modifications/Supports for School Personnel: _____ _____		

Codes <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Criteria for Mastery 1. 100% 2. 90% 3. 80% 4. 70% 5. Other: </div> <div style="width: 30%;"> Methods of Evaluation 1. Standard Tests 2. Teacher-Made Tests 3. Teacher Observations 4. Other: </div> <div style="width: 30%;"> Results of Evaluation M - Objective Met - Proceed to Next Objective C - Continue with same objective - Some progress made, more time needed D - Discontinue objective - Less than expected or no progress made </div> </div>						<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> goal, or 4. Goal has been met, And 5. Anticipate meeting goal by IEP end, or 6. Do not anticipate meeting goal by IEP end. N/A Not applicable. Objective not covered during this grading period </div> <div style="width: 30%; text-align: center;"> </div> </div>			Date Progress Report Sent to Parents: 1st Grading Period _____ 2nd Grading Period _____ 3rd Grading Period _____ 4th Grading Period _____ 5th Grading Period _____ 6th Grading Period _____		
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Regular Program Participation: Indicate the appropriate subject area k beside all modifications that are to be used by the student in the regular program.

Classroom Accommodations/Modifications:	Assignment Accommodations/Modifications:
_____ Preferential seating _____ Provide copies of material to be copied from book or board _____ Provide copies of notes (from another student) _____ Peer tutoring _____ Behavior/performance contracting _____ Highlighted textbook (student) _____ Taped materials _____ Other: _____	_____ Assignment book _____ Abbreviated assignments _____ Additional time _____ Study guide _____ Extra grade opportunities (Re-do items missed, extra credit) _____ Compacting _____ Other: _____

Classroom Testing Accommodations/Modifications: (In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations listed below should be used consistently within a student's academic program over the previous year.)

_____ Extended Time _____ Reading aloud /sign for internal instructions _____ Reading aloud /sign for test items _____ Repeating oral directions verbatim _____ Use of calculator _____ Word processor with or without talk-text technology	_____ Modify grading scale (Pass/Fail or points) _____ Oral Testing _____ Modify test format (word bank, multiple choice, short answer) _____ Abbreviated concepts tested _____ Other: _____
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Special Education and Related Services:

Service Code and Type of Service	Sessions Per Wk/Mo/Yr	Time Per Session	Hours Per Week	Beginning/Ending Dates	Location of Services
01 Consultation					
_____	_____/____	_____	_____/_____	____/____/____	____/____/____
_____	_____/____	_____	_____/_____	____/____/____	____/____/____
_____	_____/____	_____	_____/_____	____/____/____	____/____/____
02 Direct Special Education (For Inclusion, refer to State Instruction Booklet under "Type of Service" section.)					
_____	_____/____	_____	_____/_____	____/____/____	____/____/____
_____	_____/____	_____	_____/_____	____/____/____	____/____/____
_____	_____/____	_____	_____/_____	____/____/____	____/____/____
_____	_____/____	_____	_____/_____	____/____/____	____/____/____
_____	_____/____	_____	_____/_____	____/____/____	____/____/____
03 Supervision (Option 8 only)					
_____	_____/____	_____	_____/_____	____/____/____	____/____/____

a. All Subjects	b. Reading	c. English_____	d. Spelling	e. Math _____	f. Science _____
g. Social Studies _____	h. History _____	i. Health _____	j. Economics	k. Physical Education	l. Music/Art _____

m. Vocational	n. Lunch	o. Library	p. Title I	q. Other:		Related Service(s), including Instruction from Specialized Personnel _____/_____/_____/_____/_____/_____ _____/_____/_____/_____/_____/_____ _____/_____/_____/_____/_____/_____ Related Service Codes: <table><tr><td>04 Psychological Services Learning</td><td>12 Orientation & Mobility Services</td><td>20 Work-Based</td></tr><tr><td>05 Social Work Services</td><td>13 Audiology Services</td><td></td></tr><tr><td>06 Occupational Therapy</td><td>14 Other Services</td><td></td></tr><tr><td>07 Speech/Language Pathology Services</td><td>15 Ancillary - Attendant</td><td></td></tr><tr><td>08 Recreation Services</td><td>16 Ancillary - Interpreter</td><td></td></tr><tr><td>09 Physical Therapy</td><td>17 Ancillary - Other</td><td></td></tr><tr><td>10 School Health Services</td><td>18 Residential</td><td></td></tr><tr><td>11 Counseling Services</td><td>19 Homebound/Hospital</td><td></td></tr></table>	04 Psychological Services Learning	12 Orientation & Mobility Services	20 Work-Based	05 Social Work Services	13 Audiology Services		06 Occupational Therapy	14 Other Services		07 Speech/Language Pathology Services	15 Ancillary - Attendant		08 Recreation Services	16 Ancillary - Interpreter		09 Physical Therapy	17 Ancillary - Other		10 School Health Services	18 Residential		11 Counseling Services	19 Homebound/Hospital	
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State/District Mandated Tests: (Check either Number 1 or Number 2. When utilizing accommodations 1A, 1B or 2, the appropriate addendum must be attached to this IEP.) 1. Student will participate in the following state/district mandated assessment(s): HSSM/End of Course Test(s): ____TCAP Achievement _____ ____TCAP Writing _____ ____TCAP Competency Test _____ Language/English Score:____ Date Passed:____ Exit Exam (Specify which test): Math/Algebra I Score:____ Date Passed: ____ Work Keys ACT SAT Biology I Score: ____ Date Passed: ____ District Assessment:_____ (Check either A and/or B when using accommodations for the TCAP.) ____A. State Mandated Assessment with Allowable State Accommodations ____B. State Mandated Assessment includes Special Conditions Accommodations. ____A. TCAP-Alt: (ASA)_____Achievement Level (Check Accommodations Above) ____B. TCAP-Alt: (PA) 2. Student will participate in State Mandated Alternate Assessment (TCAP-Alt).																														
Total Regular Education hours per week: _____ Total Special Education hours per week: _____																														

LRE and General Education: Explain the extent, if any, in which _____ will not participate with non-disabled peers in:
♦ the regular class: _____

♦ extracurricular and nonacademic activities: _____

♦ his/her LEA Home School: _____

Special Transportation: Does student require special transportation? ____ Yes ____ No. If yes, please explain: _____

Extended School Year: Date ESY program was/will be determined: _____. ESY program _____ is _____ is not to be provided.

IEP Participants: (The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.)

Position	Signature	In Agreement	Date
Parent	_____	___Yes ___No	_____
LEA Representative	_____	___Yes ___No	_____
Special Education Teacher	_____	___Yes ___No	_____
Regular Education Teacher	_____	___Yes ___No	_____
Student (if appropriate)	_____	___Yes	___No
_____	_____		
Interpreter of Evaluation Results	_____	___Yes ___No	_____
_____	_____	___Yes ___No	_____
_____	_____	___Yes ___No	_____
_____	_____	___Yes ___No	_____

Informed Parental Consent:

___Yes ___No	I certify that I am the legal parent(s) / guardian(s) / surrogate(s) of this child.
___Yes ___No	I have been informed of and understand my rights as a parent, and have received a copy of my rights.
___Yes ___No	I have been involved in the IEP Team meeting and/or the development of this IEP, and give permission for the proposed program described in this IEP for my child.
___Yes ___No	My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday. (Note: This information must be provided beginning at least one year prior to the student's 18th birthday.)
_____	_____
Parent/Guardian/Surrogate Signature	Date
_____	_____
Student Signature	Date

Date IEP was given to parent(s)_____. If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents along with their rights is _____.

Documentation of IEP Review by Other Teachers not in Attendance:

_____		_____	
Signature	Date	Signature	Date
_____		_____	
Signature	Date	Signature	Date
_____		_____	
Signature	Date	Signature	Date